				Depart	ment o	f Pub	lic He	ealth a	ine	d Socia tal Heal	l Se	ervices					
				Food E								Report	Pag	ge	of	1	
INSPECTION RSN TYPE GRADE INSPECTION DATE								ESTABLISHMENT NAME									
Regular 40						- 555	PASIL FOOD SERVICE PERMITHOLDER										
Follow-up	_		RATING	TIME IN 1:30 AM	13:						.0/	and the second		20			
Complaint Investigati			RATING	SANITARY F				MICH	1	ddrags\	VV	STRIAL SERVICE	25 CO	KP.		- 1	
Other:	OI I			15000312		NO.	Lu	SEST	(//	O'BRI	ONI	DRIVE, HAGA	7 12391	-/-	1		
	TABLIS	SHME	NT TYPE	AREA	_	PHONE	No.	of Risk	Fa	ctor/Inten	ventio	on Violations	16			EGORY	
CATERING 8 475					- 888	No.	of Repe	eat	Risk Fact	Risk Factor/Intervention Violations					_00;(1		
		FOC	DBORNE	<b>ILLNESS R</b>	ISK F	ACT	ORS	AND	F	PUBLIC	CH	<b>IEALTH INTERVE</b>	NTIO	NS			
101		4/6	Circle design	ated compliance (IN, 0	OVA, TUC	N/A) for	each nu	ımbered	iter	m. Mark "	X" in :	appropriate box for COS and/o	or R.				
IN = In compliance OUT = Not in compliance N/O = Not observed N/A = N Compliance Status						= Not ap		COS =	Co	liance St	site d	during inspection R = Repeat	/iolation	-		rit points	
Compile	1100 00	atuo	Sup	ervision		JO3  1	(   FIG	Col	nip	mance St		tentially Hazardous Food	(TCS F		,08	R PT	
1 (IN) OUT			Person in charge present, demonstrates				6				N/O	Proper cooking time and tem	peratures			6	
			knowledge, and performance duties  Employee Health									Proper reheating procedures Proper cooling time and temp		ding		6	
2 (IN.	OUT			areness; policy presen	t I		1 6	19	1	N DUT N/A	N/O	Proper bot holding temperatu	res			6	
3 (IN)	OUT			orting, restriction & ex	clusion		6	20	JI.	N/A	<b>V</b>	Proper cold holding temperat	ures			6	
				enic Practices				21	11	OUT N/A	N/O	Proper date marking and disp	osition			6	
4 (IN)	OUT N/	A N/O	Proper eating, tas tobacco use	sting, drinking, betelnu	t, or		6	100				Consumer Adviso	ry				
5( IN	OUT N/	A N/O		n eyes, nose, and mou	uth		6		Т		7						
0 100	7			amination by Han	ds			22	IN	N OUT N/A	)	Consumer Advisory provide undercooked for		or		6	
1	OUT N/		Hands clean and	properly washed tact with ready-to-eat	foods or	-	6	-	1								
7 (IN)	OUT N/	A N/O		e method properly follo			6	00	1	7		Highly Susceptible Pop Pasteurized Foods used; prof					
8 IN (	OUT			ashing facilities supplie	ed &		6	23	1	OUT N/A		offered	III.III.III	30 1101		6	
			accessible	red Source			1	1	m	DO		Chemical					
9 (IN)	OUT	~		m approved source			1 6	2	IN	DUT N/A	)	Food additives: approved and	properly (	used		6	
10 IN	OUT N/	N/O)		proper temperature			6			No.		Toxic substances properly ide	ntified, sto	ored.	_		
11(IN)	25			dition, safe, and unad			6	29	1	DUT		used		1112		6	
12 IN	OUT N/	A)NO	Required records parasite destruction	available: shellstock to	ags,		6		_			formance with Approved		ures			
2				m Contamination			1	26	IN	OUT WA		Compliance with variance, sp process, and HACCP plan	ecialized			6	
13( IN )			Food separated a				6		Ė	Risk facto		e improper practices or proced	ures identi	ified as I	the mor		
14 成 (		4		aces: cleaned & saniti			6			prevalent c	ontrib	outing factors of foodborne illne	ss or injur	y. Publi	ic Healt	th	
15 IN	DUT			of returned, previous ned, and unsafe food	ly		6		L	intervention	ns are	e control measures to prevent	oodborne	illness o	or injury	1.	
					G00	D RE	TAI	- PR	A	CTICE	S				4		
					neasures	to contro	I the intr	oduction	of	pathogens,	chem	nicals, and physical objects int					
Mai Complia			numbered item is n	ot in compliance and/o	Market and Administration of the Parket	The second second	A Commence of the last					nspection R =Repeat violation	on PTS	S =Deme	STREET, SQUARE, SQUARE	CALL SEPTEMBER OF STREET	
Оопірна	iice Sta	itus	Safe Foo	d and Water	- 1	OS R	IFIS	Cor	npi	liance Sta	atus	Proper Use of Uten	cile	C	OS	R  PTS	
27	Paste	urized	eggs used where r		T		1	40	T	In-use	utens	sils: properly stored	3113		1	1 1	
28	Wate	r and lo	e from approved s	ource			2	41	T			uipment and linens: properly s	ored, drie	d,	$\top$	1	
29	Varia	nce obt	ained for specialize	ed processing method			1	42	_	handle	-	single-service articles: properly	stored	- l	-		
	1,1,4112			erature Control				43	_			d properly	stored, us	eu	-	1	
30 X				adequate equipment fo	or		1				i	Utensils, Equipment and					
31		food pr	control operly cooked for I	not holding			1	44				onfood-contact surfaces cleans	ble, prope	erly		1	
32 💢			wing methods use	-			_	AE	+			onstructed, and used ng facilities: installed, maintain	ed. used: t	est	-		
33							1	45	+	strios					_	1	
30	THEI	nomete	r provided and acc	entification			1	46	_	Nontoc	od-cor	ntact surfaces clean  Physical Facilities				1	
34	Food	propert	y labeled; original o	container			1	47	Τ	Hot & c	cold w	vater available, adequate press		T		2	
				ood Contaminatio	n			48				stalled; proper backflow device				2	
35			nts, and animals n				2	49	I	Sewag	e and	d wastewater properly disposed				2	
36 X	displa		on prevented during	g food peparation, stor	rage &	X	1	50		Toilet f	aclitie	es: properly constructed, suppli	ed, & clea	ned		2	
37 Personal cleanliness				1	51		The state of the s		fuse properly disposed; facilitie		ed		2				
38 Wiping cloths: properly used and stored 39 Washing fruits and vegetables			X	1	52	13			ilities installed, maintained, and				1				
39   Washing fruits and vegetables   1   53   Adequate ventilation and lighting; designated areas use   I have read and understand the above violation(s), and I am aware of the corrective measures that shall be taken.									1								
Person in	Charge	(Print a	and Sign)	4.0.	A		ANJ	) /	- 11	, Justiles	_	ite:	0				
DEH inspe	ector /D-	int and	Sign)	my Dela	ni	1	PINE	ca U		1	-	1000-1	7	-			
D. DO	WING	utz	的物生	8 / K.DE	ELMU	NO	EP4	HOTT	_	H	Fol	llow-up (Circie one): YES	NO	Folio 3	W-up [	0 / (	
	App.: DEI	1 10 201	4		White: D	PHSS/DE	H Vall	low: Food	1 Ec	tabilehment							

## **Department of Public Health and Social Services Division of Environmental Health** Food Establishment Inspection Report Page Q of 4 ESTABLISHMENT NAME BASIC FOOD SERVICE WEST O'BRIEN DRIVE, HAGATNA INSPECTION DATE 2, 23, 2016 PERMIT HOLDER SANITARY PERMIT NO. BASIL FOOD INDUSTRIAL SERVICES CORP. 15000 3122 TEMPERATURE OBSERVATIONS Temperature (° F) Temperature (° F) Item/Location Item/Location Raw Chicken (Thawing 57.0°F Raw Meat loaf (cold trolding) 66.1 °F white Rice (Cold holding 64.792 Cooked Chicken acolled Canots Cooked lice Gooked Grany CORRECT ITEM NO. **OBSERVATIONS AND CORRECTIVE ACTIONS** BY DATE Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. A REGULAR INSPECTION WAS CONDUCTED ON THIS DAY AND THE FOLLOWING VIOLATIONS WE'RE OBSERVED: OBSERVED EMPLOYEE HANDLING PAW CHICKEN THEN GOING STRAIGHT 3/4/16 TO COOKING CARROTS WITHOUT WASHING HANDS IN-BETWEEN. HANDS SHALL BE PROPERLY WASHED AFTER CHANGING TASKS TO PREVENT CROSS CONTAMINATION: NO HOT WATER PROVIDED FOR ALL HANDWASHING SINKS: NO HANDWHSHING 3/4/16 SIGNS WERE PROVIDED FOR KITCHEN SINKS. HAND WASHING SINES SHALL BE PROVIDED WITH HOT WATER AND HANDWASHING SIGNS TO ENSURE HANDWASHING SINES ARE DESIGNATED AND HOTWATER (100°F) IS USED TO PROPERLY WASH HANDS. 3/4/16 18 COOKED WHITE RICE BEING COOLED AT POOM TEMPERATURE. COOKED PHF/TCS SHALL BE COOLED WITHIN 2 HOURS FROM 135°F to 70°F AND WITHIN 4 HOURS FROM TOOF to 41°F OR BELOW TO MINIMIZE THE GROWTH OF PATHOGENS. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date. Person in Charge (Print and Sign DEH Inspector (Print and Sign)

## Department of Public Health and Social Services **Division of Environmental Health** Food Establishment Inspection Report Page 3 of 4 ESTABLISHMENT NAME WEST O'BRIEN DRIVE, HAGATNA BASIL FOOD SERVICE INSPECTION DATE SANITARY PERMIT NO. 15990 3122 PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP. CORRECT **OBSERVATIONS AND CORRECTIVE ACTIONS** ITEM NO. Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. RAN MEATLOAF LEFT AT ROOM TEMPERATURE UNATTENDED IN BIG BATCHES. 3/4/16 20 ALL COLD HOLDING FOODS SHALL BE KEPT AT THE PROPER COLD HOLDING TEMPERATURE AT 41°F OR BELOW TO PREVENT PATTABGEN GROWTH RAW CHICKEN, AND COOKED CHOPPED HAM IN THE WALK IN FREEZER 3/4/16 DID NOT HAVE DATE MARKING. ALL PHF ITCS FOODS STORED IN REFRIGERATION FOR MORE THAN 24 HOURS SHALL HAVE BE DATE MARKED TO ENSURE TIMELY DISPOSITION. THE FOLLOWING LOGS ARE MISSING: REHEATING AND RECEIVING; 3/4/16 26 THE POLLOWING LOGS ARE NOT BEING FOLLOWED ACCORDING TO THE HACCP PLAN: - DATE OF ARRIVAL / USED BY DATE NOT INDICATED FOR DELIVERIES - NO CORRECTIVE ACTION FOR IMPROPER CONCENTRATION OF SANITIZING SOLUTION - LIMITED TIME OF PREPARED FOOD IN WORKABLE BATCHES AT ROOM TEMPERATURE TO NO MORE THAN 30 MINUTES - MONITORING OF THAWING PHF/TCS FOODS BY A DESIGNATED EMPLOYEES PROCEDURES FOR PROPERLY COOLING COOKED FOODS NOT PROVIDED IN HACCP PLAN. HACCP PLAN SHALL BE UPDATED AND FOLLOWED TO ENSUPE ALL PROCEDURES ARE MONITORED AND DOCUMENTED 3 24/16 30 IMPROPER COOLING METHOD USED FOR COOKED RICE COOKED PHEITCS FOODS SHALL BE COOKED PROPERLY ACCORDING TO THE METHODS OUTLINED IN GEC 3-501.15 TO ENSURE FOODS ARE ADEQUATELY AND PROPERLY CODIED. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date. Person in Charge (Print and Sign)

DEH Inspector (Print and Sign)
DOM INGUEZ, EPHO F

## Department of Public Health and Social Services **Division of Environmental Health** Food Establishment Inspection Report Page 4 of 4 ESTABLISHMENT NAME BASIL FOOD SERVICE WEST D'BRIEN DRIVE, HAGATNA INSPECTION DATE SANITARY PERMIT NO. PERMIT HOLDER BASIL FOOD INDUSTRIAL SERVICES CORP. 2 , 23 , 2016 15000 3122 CORRECT **OBSERVATIONS AND CORRECTIVE ACTIONS** ITEM NO. Violations cited in this report must be corrected within the time frames indicated, or as stated in Sections 8-405.11 and 8-406.11 of the Guam Food Code. 32 IMPROPER THAWING METHOD USED FOR RAW CHICKEN. 3/24/16 PHF ITCS FOODS SHALL BE THAWED PROPERLY ACCORDING TO THE METHODS OUTLINED IN GFC 3-501.13 TO ENSURE POODS ARE ADEQUATELY AND PROPERLY THANGO 38 WIPING CLOTHES ARE STORED IN A SANITIZING SOCUTION OF 200+ ppm. COS SANITIZING SOLUTION SHALL BE PILLITED TO THE PROPER CONCENTRATION OF SO- 100 PPM TO ETUSURE PROPER SANITIZATION. CONTAINER OF RAW MENTLONF IN FOOD PREP AREA STORED DIRECTLY 38 Cas ON THE FLOOR; 2 CONTAINERS OF RAW CHICKEN IN WALK-IN CHILLER STOPED DIRECTLY ON THE FLOOR. FOOD PRODUCTS SHALL BE STORED AT LEAST 6 INCHES ABOUT THE FLOOR TO PREVENT CROSS CONTAMINATION EMPLOYEE HANDLING RAW CHICKEN FOLLOWED BY TOUCHDING OF 43 3/24/14 FOOD EQUIPMENT WITHOUT CHANGING GLOVES EMPLOYEES SHALL USE SINGLE- USE GLOUBS FOR ONE TASK TO PREVENT CROSS CONTAMINATION WOMEN'S BATHROOM IN BACK AREA WITH CHIPPED WOOD ON LOWER 3/24/16 52 PART OF DOOR. PHYSICAL FACILITIES SHALL BE MAINTAINED. PHOTOS OF VIOLATION WERE TAKEN. PROVIDED LETTER OF WARNING AND REQUEST FOR REINSPECTION FORM BRIEFED BETTY DELA CRUZ PEMOUED LETTER "A" GRADE # 02/15 I ISSUED LETTER "C" GRADE # 00253. Based on the inspection today, the items listed above identify violations which shall be corrected by the date specified by the Department. Failure to comply may result in

further regulatory actions. If seeking to appeal the result of this inspection, a written request for hearing must be submitted to the Director before the indicated correction date.

Person in Charge (Printand Sign) Bally Do DEH Inspector (Print and Sign)

D. DOMINGUEZ

EPHO I Da

Cruz



Issued By: K. DELMUNDO

Name of Inspector

## **DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES**

GOVERNMENT OF GUAM P. O. BOX 2816 HAGATNA, GUAM 96932



	Date: 02/23/2016
BASILFOOD SERVICE	
Name of Establishment	
As a result of this inspection, your establishment received	d a:
LETTER OF WARNING	(Demerit/Grade Points)
us a written request for re-inspection to include implemented. If we do not receive a written re-in	our establishment's inspection report, you must provide a description of the corrective measures that you have aspection request from you, we will conduct a follow-up a working days from the official receipt of this nouce to an.
Failure to correct violations may result in the clos of 10GCA, Chapter 21.	sure of your establishment pursuant to section 21109(b)
□ NOTICE OF CLOSURE	
	(Demerit/Grade Points)
us a written request for re-inspection to includ umplemented. Unlike an establishment who i remain closed unless a written request for re-in	bur establishment's inspection report, you should provide the a description of the corrective measures that you have that received a letter of warning, an establishment shall inspection is made. Under 10GCA §21109(b), you may of Guam working days of the date of this notice.
We look forward to working closely with you as partners further assistance, you can reach us at 735-7215 or (fax	in promoting health and sanitary practices on Guam. If you need: 734-5556. Si Yu'us Ma'ase.
	Sincerely,
	Director (FOR) JAMES W. GILLAN

ReceivedBy:

Establishment Representative